


DISTRIBUTION				NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE				REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-105	
FILE				AND		Effective 1-1-83	
U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE							
TRANSPORTER		OIL					
		GAS					
OPERATOR							
PRORATION OFFICE							
Operator		ARCO Oil and Gas Company Division of Atlantic Richfield Company					
Address		P.O. Box 1710, Hobbs, NM 88240					
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well		<input type="checkbox"/>		Change in Transporter of:			
Recompletion		<input checked="" type="checkbox"/>		Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Change in Ownership		<input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.	Pool Name, Including Formation		Kind of Lease		Lease No.
Sarkeys		4	Wantz Abo		State, Federal or Fee Fee		
Location							
Unit Letter		P	330 Feet From The		South Line and		990 Feet From The
Line of Section		23	Township		21S Range		37E Lea County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Texas New Mexico Pipeline Co.				P.O. Box 2528, Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Warren Petroleum Company				P.O. Box 1589, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		0	23	21	37	Yes	10-20-84
If this production is commingled with that from any other lease or pool, give commingling order number: R-7642							
COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
		X			X		
Date Spudded WO commenced		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
10-7-84		10-20-84		7275'		7226'	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
3390' GR		Abo		6854'		7212'	
Perforations				Depth Casing Shoe			
6854, 89, 6902, 08, 17, 26, 36, 49, 60, 68, 77, 84, 89, 95, 7001, 12, 23, 27, 7038, 80, 7109, 63, 80, 7206, 18'				7275'			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
17 1/2"		13-3/8" OD		335'		400	
12 1/4"		9-5/8" OD		3184'		1360	
8 5/8"		7" OD liner		3071-7275'		1011	
		2-3/8" OD		7212'			
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)							
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
10-20-84		11-2-84		Pump			
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
24 hrs		---		---		---	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-MCF	
71 bbls		34		37		390	
GAS WELL							
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size	
CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				NOV 13 1984			
				APPROVED _____, 19____			
 (Signature)				Eddie W. Seay			
				BY _____ Oil & Gas Inspector			
Engrg. Tech. Spec. (Title)				TITLE _____			
				This form is to be filed in compliance with RULE 1104.			
November 7, 1984 (Date)				If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.			
				All sections of this form must be filled out completely for allowable on new and recompleted wells.			
				Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.			
				Separate Forms C-104 must be filed for each pool in multicompleted wells.			